

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
DF-46 (REV 02/20)

Fiscal Year 2021-22	Business Unit 4120	Department Emergency Medical Services Authority	Priority No. 1
Budget Request Name 4120-002-BCP-2021-GB		Program 3820 – Emergency Medical Services Authority	Subprogram Click or tap here to enter text.

Budget Request Description

Regional Disaster Medical Health Response (RDMHS) Local Assistance

Budget Request Summary

The Emergency Medical Services Authority (EMSA) requests \$365,000 General Fund on-going, to improve regional disaster medical and health mitigation, preparedness, response and recovery by permanently funding an additional three (3) non-State local Regional Disaster Medical Health Specialist (RDMHS) in three (3) California Governor's Office of Emergency Services (Cal OES) Mutual Aid regions.

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed Click or tap here to enter text.	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO Click or tap here to enter text.	Date Click or tap to enter a date.

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. Click or tap here to enter text. **Project Approval Document:** Click or tap here to enter text.

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other department concur with proposal? ☐ Yes ☐ No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Click or tap here to enter text.	Date Click or tap to enter a date.	Reviewed By Rick Trussell	Date 1/4/2021
Department Director Dave Duncan	Date 1/4/2021	Agency Secretary Julie Souliere	Date 9/4/2020

Department of Finance Use Only

Additional Review: ☐ Capital Outlay ☐ ITCU ☐ FSCU ☐ OSAE ☐ CALSTARS ☐ Dept. of Technology

PPBA Steven Pavlov	Date submitted to the Legislature 1/10/2021
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A. Budget Request Summary

The Emergency Medical Services Authority (EMSA) requests \$365,000 General Fund ongoing, to improve regional disaster medical and health mitigation, preparedness, response and recovery by permanently funding an additional three (3) local Regional Disaster Medical Health Specialist (RDMHS) in three California Governor's Office of Emergency Services (Cal OES) Mutual Aid regions.

B. Background/History

The California statewide medical disaster program is one of the eight basic components of an emergency medical system as defined in Health and Safety Code, Division 2.5, Section. 1797.151. The requirement for the department to support disaster medical response operations is contained in the Emergency Services Act (ESA) and the State Master Mutual Aid Agreement (MMAA). The ESA further delineates that the disaster response program at the state-level is primarily designed to assist local communities. The specific planning, coordination and response requirements are detailed in the Department's Administrative Orders and the State Disaster Medical Response Plan.

The California State Emergency Plan (SEP), the Standardized Emergency Management System (SEMS) and the California Public Health and Medical Emergency Operations Manual (EOM) identifies regional coordination as a critical component in California disaster response.

The California disaster medical and health system has long relied on the mutual aid regional structure linking together the Operational Areas, Regions, and the State during disaster mitigation, preparedness, response and recovery activities both pre-disaster, disaster and post-disaster. Since 1989, California Health and Safety Code 1797.152 has required the establishment of a Regional Disaster Medical and Health Coordination Program in each California Mutual Aid Region which includes the voluntary position of Regional Disaster Medical Health Coordinator (RDMHC). The RDMHC's "shall be either a county health officer, a county coordinator of emergency services, an administrator of a local EMS agency, or a medical director of a local EMS agency" and in the event of a major disaster the RDMHC may coordinate the acquisition of medical, public, environmental and behavioral health mutual aid resources. The RDMHC also coordinates the development of plans for the provision of medical and public health mutual aid among the counties in the region. Currently, all of the RDMHC positions within the State of California are filled by appointed volunteers who hold other full-time local government positions. Because of this, the RDMHC position is not able to address planning and development of a regional mutual aid system while still addressing day-to-day and emergent needs within the region and outside of the region. The voluntary program ultimately is not adequate to meet the disaster medical and health mutual aid planning and development needs of California.

In a catastrophic event the RDMHSs are responsible for assessing, requesting and coordinating public health and medical resources through the State for any one or more of the 137 MHOACS in California. Despite being vital to State, Regional and County medical and public health response, the RDMHS program has consistently been under-resourced and understaffed in every disaster response over the past several years, and this has been repeatedly reported and discussed in After Action Meetings and written into After Action Report (AAR) Improvement Plans. With a lack of RDMHS personnel support, the state will continue to experience critical impacts to the level of response that will potentially diminish timely and effective regional response to disasters. Since EMSA began contracting with LEMSAs to provide the RDMHS function, the LEMSAs have contributed to the program with in-kind staff support and overhead, supplies, equipment, training and other operating expenses.

Currently, using local assistance funds, EMSA contracts with the LEMSA's to provide the RDMHS functions to the OES region in support of the RDMHC Program and the Medical Health Operational Area Coordinator (MHOAC), who is responsible for the coordination of medical and health resources within a County. Ongoing funding for the RDMHS program is provided jointly by EMSA and the California Department of Public Health (CDPH).

Beginning in the 2019-2020 fiscal year, the need for additional RDMHS staffing became a priority concern for COVID-19 response due to the inability of the single RDMHS support in each of the six Cal OES Mutual Aid Regions to address the significant amount of response needs coming from the Operational Areas. EMSA, working with CDPH, provided a temporary fix to double RDMHS staffing levels, which greatly helped the response efforts, and the six OES Mutual Aid Regions were awarded \$180,000 (\$30,000 * 6) to hire an additional RDMHS coordinator in each region. The costly lesson learned demonstrated the critical need to support each Mutual Aid Region with two permanent RDMHS positions.

The 2020 Budget Act included ongoing \$365,000 General Fund to provide three (3) additional Regional Disaster Medical and Health Specialists to support local efforts to implement regional disaster preparedness, response, mitigation, and recovery activities in the three (3) OES Administrative Regions. Additionally, current law requires that if EMSA determines by May 15, 2021, that reimbursement from the federal Emergency Management Agency (FEMA) for expenditures related to the three (3) remaining regional disaster medical health specialists is not available or that actual reimbursement is less than estimated, the Director of Finance may augment EMSA's budget by an amount that is up to the difference between the actual reimbursement received for the 2020–21 fiscal year and the amount that was estimated, and no greater than \$365,000.

Resource History

	2016-17	2017-18	2018-19	2019-20	2020-21
Program Budget	PY - 3	PY - 2	PY-1	PY	CY
Authorized Expenditures	\$757,000	\$797,000	\$736,000	\$910,000	\$1,095,000
Actual Expenditures	\$757,000	\$744,000	\$736,000	\$910,000	\$1,095,000
Revenue					
General Fund	\$397,000	\$398,000	\$376,000	\$550,000	\$735,000
Hospital Preparedness Program Grant (CDPH)	\$360,000	\$346,000	\$360,000	\$360,000	\$360,000

C. State Level Consideration

EMSA is responsible to prepare for and respond to statewide medical emergencies as defined by the Health and Safety Code, sections 1797.150 and 1797.151, and the Governor's Executive Order W-9-91. Based on these expectations, the RDMHS was established to assist the state, regions and counties (Operational Areas) in the development of mutual assistance agreements, standardized planning and mitigation efforts, regional medical and health response plans and regional recovery plans. In addition, the RDMHS personnel are tasked with working with the locals on regional training and exercising in preparation for disasters. Further, the RDMHS is responsible for the timely regional coordination of medical and health resources during emergencies and disasters.

D. Justification

The responsibilities of the RDMHS personnel include disaster planning, mitigation, response and recovery to all medical and health aspects of disasters. The RDMHS responsibilities and Scope of Work (SOW) are assigned by EMSA and CDPH and are dictated by California statutes and administrative orders, including the California Emergency Services Act, the State Emergency Plan (directives for planning, mitigation, response and recovery), Health and Safety Code, Division 2.5, Sections. 1797.150, 151, 152, and 153, and the California Governor Administrative Order to the EMS Authority, September, 2017. In the planning, mitigation and recovery phases, RDMHS personnel network with all medical and health partners including county health officers, LEMSAs, 911 responders and ambulance providers, medical facilities, county governments and other regional and state partners. During the response phase, RDMHS personnel coordinate information and situation status and assist with either requesting or supplying medical resources when local county (Operational Area) options have been depleted during disasters.

The RDMH'S are critical to both disaster preparedness and response. The purpose of the program is to ensure California is prepared to provide for medical and health needs during disasters and to coordinate those needs during a disaster response. Although the RDMHS program is recognized for the regional work completed on a day-to-day basis and during a disaster response, there are many shortfalls due to staffing limitations.

Local, Regional, and State Planning

Due to time and staffing limitations, the number of jurisdictions within regional boundaries, and preparedness and response needs, the RDMHS personnel are currently unable to perform all necessary public health and medical planning activities in every Operational Area. Although the RDMHS staff engage in planning efforts, as listed below, some activities over the past two years have not been supported to the extent needed.

ABLE TO PERFORM:

- Develop and update the California Emergency Operations Manual (EOM)
- Develop and update the California Patient Movement Plan
- Develop and update the Southern California Catastrophic Earthquake Response Plan
- Develop and update other statewide Earthquake and Tsunami Response and Recovery Plans
- Develop and update the Nuclear Detonation and Nuclear Power Plant Plans
- Assist Operational Areas in developing standardized Situation Report distribution procedures consistent with the EOM.

UNABLE TO PERFORM:

- Supporting the development of new disaster preparedness and response plans
- Assisting with plan improvements based on After-Action Reports, best practices, and lessons learned
- Socialization of newly developed disaster plans
- Coordination of planning at the regional level with related disciplines, such as social services, non-governmental organizations, etc.
- Development of new products, including training materials, presentation materials, executive briefing materials, and other tools to enhance local, regional, and state planning.

Without regional support, plans fail to be widely communicated and integrated across the state, resulting in decreased effectiveness during disasters. Also, the regional perspective for disaster preparedness and response is minimized, resulting in many counties operating in silos.

Public Health and Medical Course Instruction

RDMHS personnel are expected by EMSA and CDPH, per the SOW, to conduct vital Public Health and Medical disaster courses throughout the assigned region to enhance disaster preparedness and response. Unfortunately, due to time-constraints and lack of program depth, additional staff is needed to provide instruction on a larger scale. Currently, course instruction is provided based on regional priorities and staff availability. Over the past two years RDMHS staff were able and unable to perform the following:

ABLE TO PERFORM:

- Limited Emergency Operations Manual (EOM) courses
- Limited Medical Health Operations Center Support Activities (MHOCSA) courses

UNABLE TO PERFORM:

- California Patient Movement Plan courses and roll-out executive briefs
- Environmental Health Training in Emergency Response (EHTER) courses
- Strategic National Stockpile (SNS) CHEMPACK Training (Pre-positioned Nerve Agent Antidote Caches) courses

Other instructions as new plans and procedures are developed throughout the region

The Public Health and Medical disaster response system relies heavily upon seamless coordination between the local, region, and state levels as prescribed by the EOM and other statewide disaster plans. A vital component to maintaining this response capability statewide is continual training, socialization, and instruction in local jurisdictions. Without additional RDMHS staff at the regional-level, much of this crucial continual education cannot be completed.

Training and Exercising

RDMHS personnel cannot conduct and participate in trainings, drills, and exercises to the extent needed across the state due to limited staff and time. Training and exercises are conducted based on scheduling availability and priorities. Listed below are the training and exercises the RDMHS staff were able and unable to support.

ABLE TO PERFORM:

- Highly Infectious Disease (HID) training and exercises including Ebola.
- Mass Patient Movement training and exercises
- Annual Statewide Medical Health Exercise (SWMH EX)
- California Medical Assistance Team (CAL-MAT) trainings and exercises

UNABLE TO PERFORM:

- Wildfire planning, mitigation, response, and recovery training and exercises
- Catastrophic flood planning, mitigation, response, and recovery training and exercises
- Mobile Medical sheltering training and exercises
- Ambulance Strike Team Leader training and exercises
- Cal OES yearly training and exercises

The RDMHS personnel are key to maintaining appropriate levels of medical and health preparedness across all jurisdictions. A lack of ongoing training and exercising creates gaps in

preparedness and increases vulnerabilities. It's vital that all levels, Field, City, Operational Area, Region, and State, of the Standardized Emergency Management System (SEMS) operate seamlessly during a response. Training and exercising with all key players allow for continual improvements and ensures integration at all response levels. The RDMHS personnel serve as the important link between local jurisdictions and state.

Meeting Attendance and Networking Opportunities

RDMHS personnel cannot attend many of the key medical and health workgroups and meetings throughout the state due to time and staff limitations.

ABLE TO PERFORM:

- Some select Health Care Coalition (HCC) meetings
- California Emergency Preparedness Training Workshop (EPTW)
- Quarterly Regional Disaster Medical Health Specialist (RDMHS) In-person meetings
- Quarterly region-level Medical Health Operational Area Coordinator (MHOAC) meetings
- Select Mutual Aid Regional Advisory Committee (MARAC) meetings

UNABLE TO PERFORM:

- California Hospital Association (CHA) Disaster Conference/Workshop
- Health Care Coalition (HCC) meetings for all mutual aid region counties
- Emergency Medical Services Agency Administrators Committee (EMSAAC) conference
- California Environmental Health conferences and meetings
- California Behavioral Health conferences and meetings
- California Emergency Services Association meetings and conference
- Cal OES meetings and training

RDMHS personnel are a critical link between the State and local level and enhance state response capabilities by attending disaster planning meetings and networking within the emergency response structure in California. The inability to attend important local, regional, and state level meetings creates a gap in statewide planning, mitigation, and response.

Special Project Workgroups

There are many medical and health special projects occurring in the state that require regional participation. The RDMHS personnel are assigned to the projects based on priority and availability. Unfortunately, many special projects are not addressed due to time constraints and lack of personnel depth:

ABLE TO PERFORM:

- Association of Bay Area Health Officials (ABAHO) Public Health Preparedness (PHP) workgroup (Region II only)
- California Biowatch Advisory Committee (Region I, II only)
- Statewide Behavioral Health workgroup
- Public Health and Medical Emergency Operations Manual (EOM) workgroup
- Emergency Preparedness Training Workshop (EPTW) workgroup

UNABLE TO PERFORM:

- Emergency Support Function 8 technical workgroup
- Statewide Medical Health Exercise (SWMH EX) workgroup
- California Pediatric Surge workgroup

- South Coast, Los Angeles and San Francisco Biowatch Advisory Committee's (Region I, II, and VI only)
- California/Nevada state border workgroup (Region IV only)
- Local level medical support to general population shelters workgroup meetings

State, regional, and local disaster preparedness workgroups push forward medical, and public health planning efforts and effect positive change by utilizing lessons-learned from prior disaster responses. As a vital part of the medical and health disaster response system, RDMHS personnel must participate in statewide workgroups to ensure future planning efforts and responses align with current best practices. With the limited capacity within the regional programs, future planning efforts and responses will be less effective and further prone to error.

E. Outcomes and Accountability

1. Immediately improves regional disaster medical and health preparedness, mitigation, response and recovery. The RDMHS Program would be staffed sufficient to provide 24/7 support during emergencies and disasters and ensure increased coordination between counties (Operational Areas) for medical health resources and situation reporting.
2. Would give California a greater ability to coordinate the development of medical and health Cooperative Assistance Agreements (CAA) between Counties and Regions.
3. Would be suitably staffed to support a regional patient movement coordination function in accordance with the California Patient Movement Plan.
4. Would be better able to support and coordinate large-scale medical and health responses to disasters in both the RDMHS "home" region and in neighboring regions.
5. Will be adequately staffed to facilitate smooth planning, mitigation, response and recovery to new threats to our population, such as Ebola, Influenza Pandemics, novel viruses and emerging infectious diseases, or a terrorist threat from outside or inside the United States.
6. Would enhance Catastrophic Event Planning increasing California's public health and medical preparedness for major disasters.

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F. Analysis of All Feasible Alternatives

Alternative 1: Approve the request for General Fund of \$365,000 in FY 2021-22 and ongoing, to improve regional disaster medical and health mitigation, preparedness, response and recovery by permanently funding an additional three (3) local RDMHS to be placed in the three (3) remaining Cal OES Mutual Aid regions.

Pros

1. The request would provide permanent funding to increase the number of RDMHS staff from one (1) to two (2) in the three (3) Cal OES Mutual Aid regions. The increase in staffing would allow for 24-hour emergency and disaster support, enhanced backup during before and after disaster responses, and improved development of the regional and county (Op Area) medical and health disaster response system.
2. Greater ability to save lives and reduce suffering by enhancing disaster preparedness, mitigation, response and recovery by providing an adequately supported regional coordination program for medical and health needs.
3. Greatly reduce the financial impact to LEMSAs and ensure continued local support.
4. Increased regional and local participation in medical and health improvement efforts, such as building Cooperative Assistance Agreements (CAA) and increased involvement in preparedness, mitigation, response, and recovery efforts.

Cons-

1. This proposal would increase General Fund spending.

Alternative 2: Do not approve this request.

Pros

1. No increase to General Fund costs.

Cons

1. The RDMHS program statewide would continue to be critically understaffed, negatively impacting the ability to prepare, mitigate, respond and recover from emergencies and disasters in California.
2. The LEMSAs would continue to be burdened with additional RDMHS program expenses not appropriately funded to support, jeopardizing the future of the program.

Without appropriate support the program is at risk for failure.

G. Implementation Plan

Develop RDMHS scope of work to incorporate new hires and increased roles to more effectively support California by July 1, 2021.

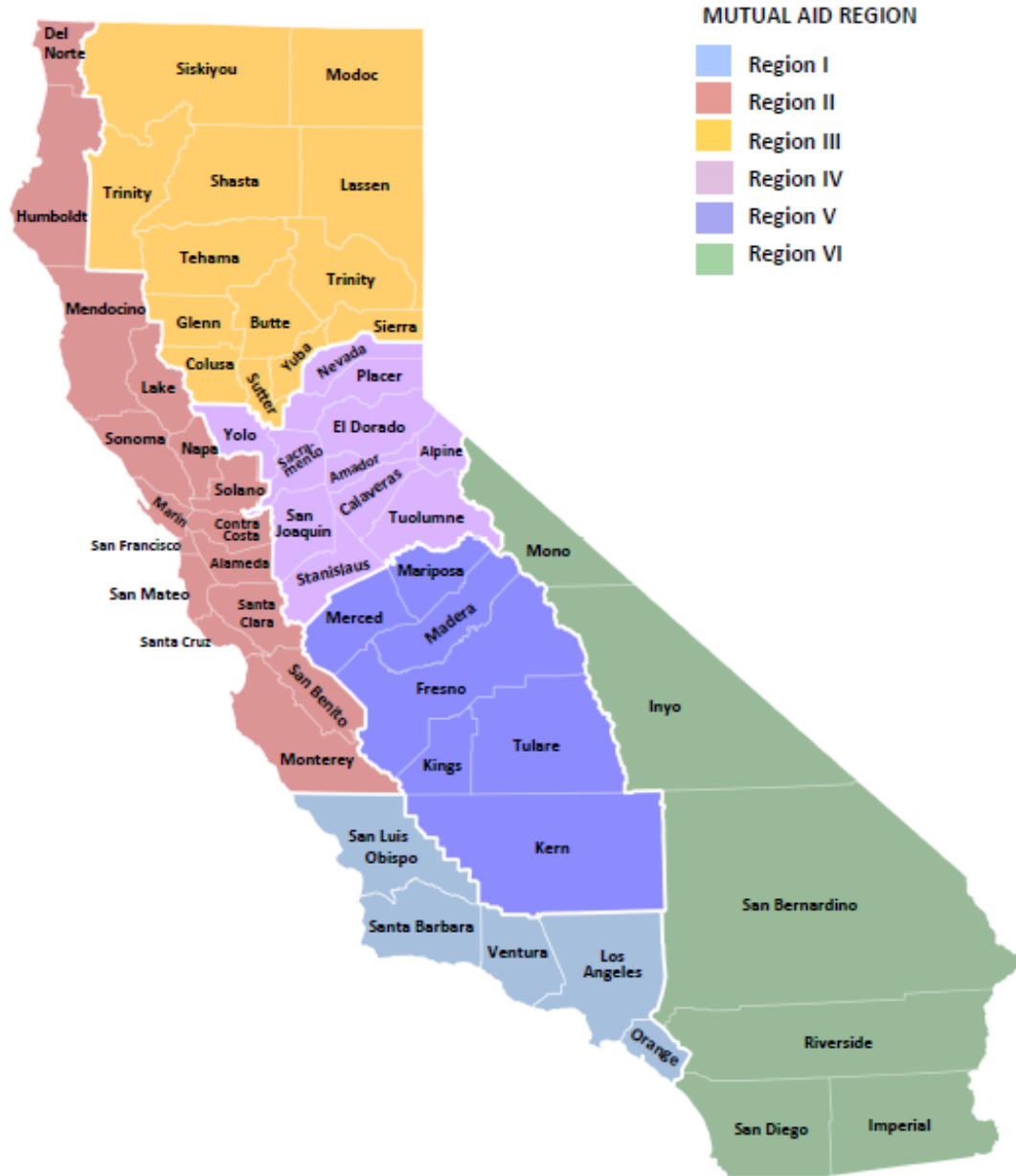
H. Supplemental Information

Attachment A: California Mutual Aid Regions.

I. Recommendation

Approve Alternative 1. Provide \$365,000 General Fund, for local assistance, annually to support three (3) local additional RDMHS for each of the remaining three (3) Cal OES Mutual Aid Regions. The funding would provide the needed staffing to ensure effective regional medical and health preparedness and response for emergencies and disasters.

California
Mutual Aid Regions (2017)



BCP Fiscal Detail Sheet

BCP Title: Regional Disaster Medical Health Response

BR Name: 4120-002-BCP-2021-GB

Budget Request Summary

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
54XX - Special Items of Expense	0	365	365	365	365	365
Total Operating Expenses and Equipment	\$0	\$365	\$365	\$365	\$365	\$365

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$365	\$365	\$365	\$365	\$365

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Local Assistance - 0001 - General Fund	0	365	365	365	365	365
Total Local Assistance Expenditures	\$0	\$365	\$365	\$365	\$365	\$365
Total All Funds	\$0	\$365	\$365	\$365	\$365	\$365

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
3820 - Emergency Medical Services Authority	0	365	365	365	365	365
Total All Programs	\$0	\$365	\$365	\$365	\$365	\$365